**BUSINESS NAME** 

## **AUTHORIZATION TO RELEASE BACKGROUND INFORMATION**

(Bidder)

YEAR STARTED

It is critical that the integrity and security of the Michigan Lottery be maintained. Therefore, every Bidder seeking to do business with the Michigan Lottery must be willing to authorize the release of background information which includes criminal and civil offenses.

COMPLETE ADDRESS		
U.S. FEDERAL EMPLOYER ID NUMBER (or non-U.S. equivalent)	COUNTRY	
U.S. FEDERAL EMPLOYER ID NOMBER (or non-U.S. equivalent)	COUNTRY	
hereby authorize the Michigan Lottery to conduct a isted above. Therefore, I authorize the release of a	9	
Agencies federal, state and local, without exception	, both foreign and domestic.	
I CERTIFY THAT THE INFORMATION I HAVE GIV	/EN ON THIS FORM IS TRUE	E AND COMPLETE.
UNDERSTAND THAT ANY MISREPRESENTATION		
OF THE PROPOSAL OR IN TERMINATION OF	A CONTRACT WITH THE N	IICHIGAN LOTTERT
Dated:		
SIGNATURE OF AUTHORIZED AGENT		
PRINT NAME AND TITLE		
PRINT NAME AND TITLE		
Acknowledged before me in County, S	State of on this da	y of 20
		, Notary Public
	State of, County of	f
	Acting in the County of	
	My commission expires:	
	,	
		COMPLETION: Voluntary.